

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 JUL 21 AM 10:42

Office Use Only

1. NAME OF COMMITTEE (in full) **TEENS FOR TEENS** TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

ADDRESS (number and street) **4507 Sheridan Avenue**  
☐ Check if different than previously reported. (ACC) **Miami Beach FL 33140-3144**

2. FEC IDENTIFICATION NUMBER ▼ **C00575654** CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)  
 (b) Monthly Report Due On:  
☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)  
 (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)  
 Election on ☐ / ☐ / ☐ in the State of ☐  
 (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
 Election on ☐ / ☐ / ☐ in the State of ☐

5. Covering Period **01/01/2016** through **07/01/2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Benjamin P. Burstein**

Signature of Treasurer  Date **07/01/2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Teens for Teens

Report Covering the Period:

From:

01 / 03 / 2016

To:

07 / 01 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		560.00
(b) Cash on Hand at Beginning of Reporting Period.....	560.00	
(c) Total Receipts (from Line 19) .....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	560.00	560.00
7. Total Disbursements (from Line 31).....	0	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	560.00	560.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*Teens for Teens*

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 31 / 2016

To:

MM / DD / YYYY  
07 / 01 / 2016

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

**12. Transfers From Affiliated/Other  
Party Committees.....**

**13. All Loans Received.....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**  
to Federal Candidates and Other  
Political Committees.....

**17. Other Federal Receipts**  
(Dividends, Interest, etc.).....

**18. Transfers from Non-Federal and Levin Funds**  
(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

**20. Total Federal Receipts**  
(subtract Line 18(c) from Line 19).....▶

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2016-07-01 11:01:00

## Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....	0	0	
(ii) Non-Federal Share.....	0	0	
(b) Other Federal Operating Expenditures .....	0	0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0	
22. Transfers to Affiliated/Other Party Committees.....	0	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0	
24. Independent Expenditures (use Schedule E) .....	0	0	
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0	
26. Loan Repayments Made.....	0	0	
27. Loans Made.....	0	0	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0	0	
(b) Political Party Committees .....	0	0	
(c) Other Political Committees (such as PACs).....	0	0	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0	
29. Other Disbursements .....	0	0	
30. Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0	0	
(ii) "Levin" Share.....	0	0	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0	
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	0	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0	

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/ Operating Expenditures**

### **COLUMN A Total This Period**

### **COLUMN B Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

0
0
0
0
0
0

0
0
0
0
0
0

NOTES ON LINE 0000000000

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Date of Receipt

/  /

Amount of Each Receipt this Period

☐ Memo Item

A.

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

B.

Full Name (Last, First, Middle Initial)

Date of Receipt

/  /

Amount of Each Receipt this Period

☐ Memo Item

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

C.

Full Name (Last, First, Middle Initial)

Date of Receipt

/  /

Amount of Each Receipt this Period

☐ Memo Item

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....▶

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**Supplementary for  
Information found on  
Page            of Schedule C**

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
	C

LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%

Mailing Address			Date Incurred or Established		
			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		
City	State	Zip Code	Date Due		
			<div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>		

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred 

M	M	

 / 

D	D	

 / 

Y	Y	Y	Y	Y	Y

B. If line of credit,		Total Outstanding Balance:
Amount of this Draw:		

C. Are other parties secondarily liable for the debt incurred?  
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

☐ No ☐ Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

\_\_\_\_\_

Does the lender have a perfected security interest in it? ☒ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established:  /  /

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

<b>G. COMMITTEE TREASURER</b> Typed Name Signature		<b>DATE</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> <div>/</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> <div>/</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">V V V V V V V</div> </div>
--	--	--

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE	
Typed Name		<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	
Signature	Title	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....	
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE      OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C</div>
-----------------------------	--

Check if ☐ 24-hour report    ☐ 48-hour report    ☐ New report    ☐ Amends report filed on 

MM / DD / YYYY

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
City	State      Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
City	State      Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_

Date 

MM / DD / YYYY

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)		<input type="checkbox"/> Check if 24-hour notice
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee	
	Mailing Address	
	City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address			Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address			Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/> Category/ Type
Mailing Address			Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>		

SUBTOTAL of Expenditures This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

#### Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> %

2016-07-21-03:00:00/04

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF ACCOUNT	DATE	AMOUNT
...	...	...

**i) Total Administrative .....**

**ii) Generic Voter Drive .....**

--

**iii) Exempt Activities.....**

[illegible]

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

b)

c) Total Amount Transferred For Direct Fundraising .....

Diagram illustrating the frame structure for Example 1. The frame consists of 12 vertical members and 2 horizontal members (top and bottom). The members are numbered 1 through 12, starting from the left vertical member and proceeding clockwise.

**v) Direct Candidate Support (List Activity or Event Identifier)**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support.....

vi) **Public Communications Referring Only to Party (Made by PAC)** .....**TOTAL This Period (Administrative)** .....**TOTAL This Period (Generic Voter Drive) .....****TOTAL This Period (Exempt Activities)** .....[illegible]**TOTAL This Period (Direct Fundraising)**.....[illegible]**TOTAL This Period (Direct Candidate Support) .....**[illegible]**TOTAL This Period (Public Communications Referring Only to Party).....**

\_\_\_\_\_

**TOTAL This Period (Total Amount Transferred).....**

\_\_\_\_\_

2016-07-21-03-000807-05

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE      OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State      Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Disbursement:	<input type="text"/> Category/ Type	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
Activity or Event Identifier:		<input type="text"/> <input type="text"/> <input type="text"/>	

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State      Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Disbursement:	<input type="text"/> Category/ Type	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
Activity or Event Identifier:		<input type="text"/> <input type="text"/> <input type="text"/>	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State      Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Disbursement:	<input type="text"/> Category/ Type	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT	
Activity or Event Identifier:		<input type="text"/> <input type="text"/> <input type="text"/>	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>



# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

#### ii) Voter ID

Total Amount Transferred for Voter ID .....

VOTER ID

#### iii) GOTV

Total Amount Transferred for GOTV .....

GOTV

#### iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE      OF  
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		<input type="checkbox"/> Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		<input type="checkbox"/> Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		<input type="checkbox"/> Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE	LEVIN SHARE	TOTAL AMOUNT

**TOTAL** This Period for the Levin Share

--

2016-07-21 PM 00:00:00

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)		
8. RECEIPTS ..... (from Line 3)		
9. SUBTOTAL ..... (Add Lines 7 and 8)		
10. DISBURSEMENTS ..... (From Line 6)		
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)		

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) /

A.		B.		C.		D.	
Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	
Mailing Address		Mailing Address		Mailing Address		Mailing Address	
City State Zip Code		City State Zip Code		City State Zip Code		City State Zip Code	
Name of Employer or Principal Place of Business		Name of Employer or Principal Place of Business		Name of Employer or Principal Place of Business		Name of Employer or Principal Place of Business	
Occupation		Occupation		Occupation		Occupation	
Date of Receipt M M / D D / Y Y Y Y Y Y		Date of Receipt M M / D D / Y Y Y Y Y Y		Date of Receipt M M / D D / Y Y Y Y Y Y		Date of Receipt M M / D D / Y Y Y Y Y Y	
Amount of Each Receipt this Period		Amount of Each Receipt this Period		Amount of Each Receipt this Period		Amount of Each Receipt this Period	
Aggregate Year-to-Date		Aggregate Year-to-Date		Aggregate Year-to-Date		Aggregate Year-to-Date	
SUBTOTAL of Receipts This Page (optional).....▶							
TOTAL This Period (last page this line number only).....▶							

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
(check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

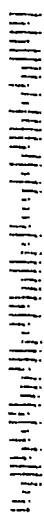
<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period <div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period <div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period <div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period <div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item		Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YYYY</div> </div>	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period <div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		<div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	
<b>TOTAL</b> This Period (last page this line number only).....		<div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> <div>12</div> <div>34</div> <div>56</div> <div>78</div> <div>90</div> </div>	

NOTED ON 12/01/2015 000000/111

999 E Street, NW,

Washington, DC 20463


2016-07-21-05:000007-12



Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <b>NONE</b>
	Date of Receipt <b>7/21/16</b>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



**7/21/16**  
DATE PREPARED